

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO.		FILING DATE	
						APPLICANT/ET			
						CLAIMS			
AS FILED		INTER. INDEPENDENT		AFTER DEPENDENT					
NO.	OCP.	NO.	OCP.	NO.	OCP.	NO.	OCP.	NO.	OCP.
1	1					61	1		
2						62	1		
3						63			
4						64			
5						65	1		
6						66			
7	1					67		1	
8						68			
9						69			
10						70			
11						71			
12						72			
13	1					73			
14						74			
15						75			
16						76			
17						77			
18						78			
19	1					79			
20						80			
21						81			
22						82			
23						83			
24	1					84			
25						85			
26						86			
27						87			
28						88			
29	1					89			
30						90			
31						91			
32						92			
33						93			
34	1					94			
35		1				95			
36	1					96			
37		1				97			
38	1					98			
39		1				99			
40	1		1			100			
41			1						
42			1						
43	1		1						
44			1						
45			1						
46			1						
47			1						
48			1						
49	1		1						
50		1	1						
TOTAL NO.							15	3	
TOTAL OCP.							42	6	
TOTAL							57	9	